



Provincial Health Services Authority

Information on this form is a guide only. User will be solely responsible for verifying its currency and accuracy with the corresponding BC Cancer treatment protocols located at www.bccancer.bc.ca/terms-of-use and according to acceptable standards of care.

PROTOCOL CODE: BRAVPGC

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DATE:	
TREATMENT: (Continued)	
DOSE MODIFICATION FOR DAY 8	
gemcitabine 1000 mg/m ² x BSA = _____ mg	
<input type="checkbox"/> Dose Modification: _____) = _____ mg/m ² x BSA = _____ mg	
IV in 250 mL NS over 30 minutes on Day 8	
CARBOplatin AUC 2 x (GFR + 25) = _____ mg	
<input type="checkbox"/> Dose Modification: _____ % = _____ mg	
IV in 50 to 250 mL NS over 30 minutes on Day 8	
RETURN APPOINTMENT ORDERS	
<input type="checkbox"/> Return in three weeks for Doctor and Cycle _____. Book treatment Days 1 and 8.	
<input type="checkbox"/> Last Cycle. Return in _____ week(s)	
CBC & Diff, creatinine, alkaline phosphatase, ALT, total bilirubin, LDH, sodium, potassium, TSH, creatine kinase prior to Day 1 of each cycle	
CBC & Diff, creatinine prior to Day 8	
If clinically indicated: <input type="checkbox"/> ECG <input type="checkbox"/> chest x-ray	
<input type="checkbox"/> serum HCG or <input type="checkbox"/> urine HCG – required for woman of childbearing potential	
<input type="checkbox"/> free T3 and free T4 <input type="checkbox"/> lipase <input type="checkbox"/> morning serum cortisol <input type="checkbox"/> random glucose	
<input type="checkbox"/> serum ACTH levels <input type="checkbox"/> estradiol <input type="checkbox"/> FSH <input type="checkbox"/> LH	
<input type="checkbox"/> troponin <input type="checkbox"/> CA15-3	
<input type="checkbox"/> Weekly nursing assessment for (specify concern): _____	
<input type="checkbox"/> Other consults	
<input type="checkbox"/> See general orders sheet for additional requests.	
DOCTOR'S SIGNATURE:	SIGNATURE:
	UC:

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PEMBROLIZUMAB DOSE BANDING TABLE (2 mg/kg capped 200 mg)

Ordered Dose (mg)		Rounded dose (mg)
From:	To:	
Less than 70		Pharmacy prepares specific dose
70	80.49	75
80.5	92.49	85
92.5	110.49	100
110.5	137.49	125
137.5	162.49	150
162.5	187.49	175
187.5	200	200